

Application of District Number
01 9441079PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	59	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	59 minus 20 = 39	
INDEPENDENT CLAIMS	9 minus 3 = 6	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE	OTHER THAN SMALL ENTITY			
	RATE	FEES	RATE	FEES
BASIC FEE	\$63.00	OR	BASIC FEE	\$10.00
X2 5%		OR	X2 10%	70.2
X4 5%		OR	X4 10%	140.0
+135%		OR	+270%	
TOTAL		OR	TOTAL	116.2

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT	COLUMNS REMAINING AFTER AMENDMENT	NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
		NUMBER FILED	NUMBER EXTRA	
Total	0	0	-	52
Independent	?	None	-	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE	OTHER THAN SMALL ENTITY			
	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X2 5%		OR	X2 10%	
X4 5%		OR	X4 10%	
+135%		OR	+270%	
TOTAL		OR	TOTAL	10.0
ADDT'L FEE				

10/21/05

(Column 1)

(Column 2) (Column 3)

AMENDMENT	COLUMNS REMAINING AFTER AMENDMENT	NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
		NUMBER FILED	NUMBER EXTRA	
Total	59	0	-	59
Independent	9	None	-	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	ADDITIONAL FEE
X2 5%		X2 10%		
X4 5%		X4 10%		
+135%		+270%		
TOTAL		TOTAL	10.0	10.0
ADDT'L FEE				

4/5/06

(Column 1)

(Column 2) (Column 3)

AMENDMENT	COLUMNS REMAINING AFTER AMENDMENT	NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
		NUMBER FILED	NUMBER EXTRA	
Total	37	0	-	37
Independent	9	None	-	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	ADDITIONAL FEE
X2 5%		X2 10%		
X4 5%		X4 10%		
+135%		+270%		
TOTAL		TOTAL	10.0	10.0
ADDT'L FEE				

* If the entry in column 2 is less than the entry in column 1, enter "0" in column 2.

* If the Total Number Previously Paid For in This Space is less than 20, enter "20".

* If the Total Number Previously Paid For in This Space is more than 5, enter "5".

* The Total Number Previously Paid For in This Space is less than 5, enter "0".

* The Total Number Previously Paid For in This Space is more than 5, enter "5".

Form 1700

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